



## **SAMHSA-HRSA** CENTER for INTEGRATED HEALTH SOLUTIONS

### **Building Integration in Pediatric Settings**

Michelle Duprey, LMSW  
Director, Integrated Health Care,  
Starfish Family Services  
National Council for Behavioral Health



[integration.samhsa.gov](http://integration.samhsa.gov)

## **Setting the Stage:**

### **Today's Moderator**

Katie Scott  
Associate

SAMHSA-HRSA Center for Integrated Health Solutions



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**Slides for today's webinar will be available  
on the CIHS website:**

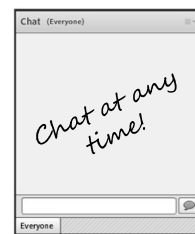
**[www.integration.samhsa.gov](http://www.integration.samhsa.gov)**

**Under About Us/  
Innovation Communities 2018**

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## **To participate**

**Use the chat box to  
communicate with other  
attendees**



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## Setting the Stage



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Starfish Family Services. Inkster, Michigan

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## Upcoming Office Hours

- Office Hours #3: March 16. 11:00am-1:00pm
- Office Hours #4: March 30. 11:00am-1:00pm
- Office Hours #5: April 6. 11:00am-1:00pm
- Office Hours #6: April 20. 11:00am-1:00pm

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## Recommended 5X5 Content

- What you set out to do (agency goals)
- How you did it
- What went well (achievements)
- Challenges encountered and how you overcame them
- Impact
- Next steps

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## Overview of Today's Webinar

- Review of Innovation Community activities so far
- Work Plan
- Individual Coaching Calls
- Update on Listserv
- Jennifer Oppenheim and Christina Moulin introduction and presentation
- Wrap-up Questions

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## Project LAUNCH: Integrated Care for Young Children and Families

Presented by:

Jennifer Oppenheim, Senior Advisor on Early Childhood  
*Substance Abuse and Mental Health Services Administration*  
Christy Moulin, Director, Early Childhood and Family Mental Health  
*Boston Public Health Commission*

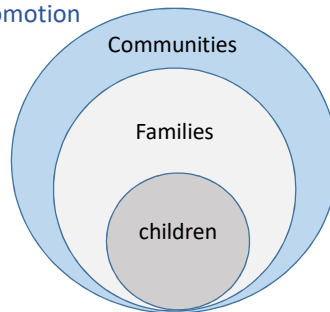


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Services Administration

## WHAT is Integrated Care for Young Children and Families?

### KEY COMPONENTS OF PREVENTIVE MODELS OF INTEGRATED CARE

- Screening, with a focus on social and emotional development and behavioral health
- Capacity building (training so that providers have the knowledge and comfort to address social, emotional and behavioral health issues)
- Collaborative care (joint visits, warm hand-off)
- Assessment and brief intervention
- Access to community resources and specialized care through family navigators
- Parenting supports and health promotion



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## Integrated Care as part of a comprehensive strategy

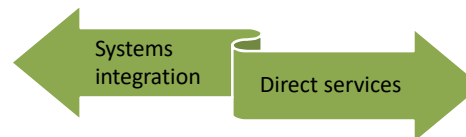
Project LAUNCH  
(Linking Actions for Unmet Needs in Children's Health)



### Goal:

To foster the healthy development and wellness of all young children (birth through age 8), preparing them to thrive in school and beyond

- Early childhood (prenatal to age 8)
  - wellness promotion and prevention
  - State/tribal/territorial & community partnerships
- 5 Core Strategies



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# Project LAUNCH

## 5 Core Strategies

- Screening and assessment
- Mental health consultation in early care and education
- Integration of behavioral health in primary care
- Enhanced home visiting
- Family Strengthening



## Project LAUNCH Integrated Care Child, family & provider outcomes Include:

### Increased

- Screenings and referrals from primary care providers
- Parent satisfaction with care
- Parenting confidence
- Provider knowledge of behavioral health issues

### Decreased

- Challenging/problem behaviors in children

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# Project LAUNCH

## Current LAUNCH Grantees:

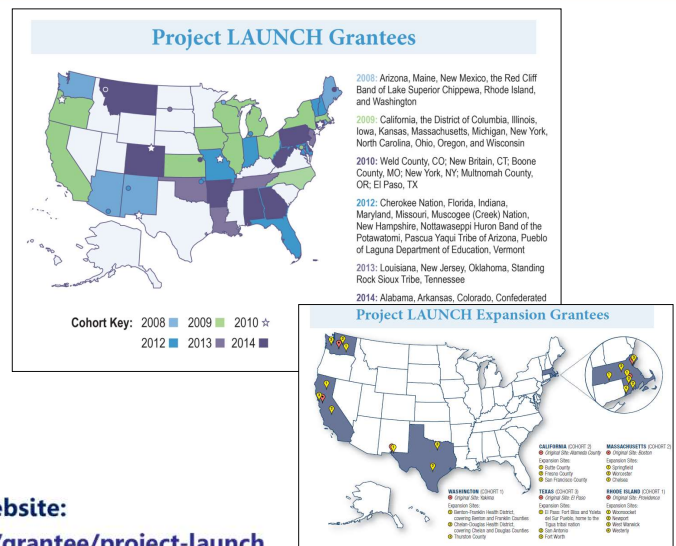
Georgia  
Pennsylvania  
California  
Washington  
Texas

## Past LAUNCH Grantees:

Oregon  
New York  
Illinois  
Tennessee  
Florida

## Project LAUNCH website:

<http://www.healthysafechildren.org/grantee/project-launch>



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## Resources From Project LAUNCH

Research Brief: The Integration of Behavioral Health into Pediatric Primary Care Settings

<https://healthysafechildren.org/sites/default/files/The-Integration-of-Behavioral-Health-into-Pediatric-Primary-Care-Settings.pdf>

Indigenous Perspective: Integration of Behavioral Health into Primary Care  
*By request*

*Launching Forward: The Integration of Behavioral Health in Primary Care as a Key Strategy for Promoting Young Child Wellness.*

American Journal of Orthopsychiatry

[http://www.healthysafechildren.org/sites/default/files/Launching\\_Foward\\_article.pdf](http://www.healthysafechildren.org/sites/default/files/Launching_Foward_article.pdf)

contact information:

Jennifer Oppenheim

[Jennifer.oppenheim@samhsa.hhs.gov](mailto:Jennifer.oppenheim@samhsa.hhs.gov)



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## Integrated Care for Young Children and Families

The Massachusetts Project LAUNCH Example

Christy Moulin, Boston Public Health Commission



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## What *is* Early Childhood Mental Health?

Early Childhood Mental Health (ECMH) refers to the developing capacity of the child to:



- experience, regulate, and express emotions;
- form close and secure interpersonal relationships;
- and explore the environment and learn;

All in the context of family, community, and cultural expectations for young children.

Infant mental health is synonymous with healthy social and emotional development. (Zero to Three)

## Common Concerns



- Parental stress/mental health
- Adjustment and loss (new sibling, loss of caregiver, moving into a shelter, recent immigration)
- Behavior concerns
- Infant crying
- Social development
- New parent support
- Shyness/fearfulness
- Temperament
- Activity level
- Feeding/weight
- School concerns (evaluations, communication with teacher, making friends)

## **Closer look at federal funding supporting ECMH integration across Massachusetts**

### **System of Care-MYCHILD**

- 4 Pilot Sites in Boston

### **Project LAUNCH**

- 3 Pilot Sites in Boston

### **System of Care-Expansion Planning Grant**

- Partnership with public health agencies in Worcester and Springfield
- Each city planning team included representation from Primary Care, Community Mental Health Agency, Early Education and Care Center, Public School, and more

### **Trauma Informed Collaborations for Families with Young Children**

- Collaboration of Primary Care (2), Community Mental Health Agency (2), Early Education and Care Center (6)
- Intensive coaching to support agency and collaboration practice changes

### **System of Care-Expansion Implementation Grant**

- Partnership with city public health in Worcester and Springfield
- 3 Community Mental Health Agencies partnering with 3 Primary Care Clinics (1 in each city)

### **Project LAUNCH Expansion**

- Ongoing partnership with BPHC to support implementation in Worcester, Springfield, and Chelsea
- 3 Primary Care Partner Sites (1 in each city)

## **Partnership for Early Childhood Mental Health Guiding Principles**

- A continuum of promotion, prevention, intervention
- Early childhood
- Family centeredness
- Intergenerational as well as dyadic approach
- Racial justice; health equity
- Integration of ECMH across systems
- Continuum of care across sectors with a particular focus on linkage/integration with pediatric primary care



## How did we do?



- Project LAUNCH analysis shows gains for caregivers and children
  - Caregiver Stress
  - Caregiver Depression
  - Child Behavior/Mental Health
- Medicaid data shows differences in MYCHILD diagnoses vs. traditional mental health
- Positive assessment by families and providers
- Demonstrated feasibility of mental health integration

## Evaluation overview

### Data collection at 3 Project LAUNCH sites

- Collected data at baseline, 6 months, and 12 months)
- PHQ-9 (adult depression)
- PSI-SF (parental stress)
- ASQ-SE (child social and emotional development for ages 2-63 months)
- CBCL (child behavioral health for ages 6-8)
- Provider survey

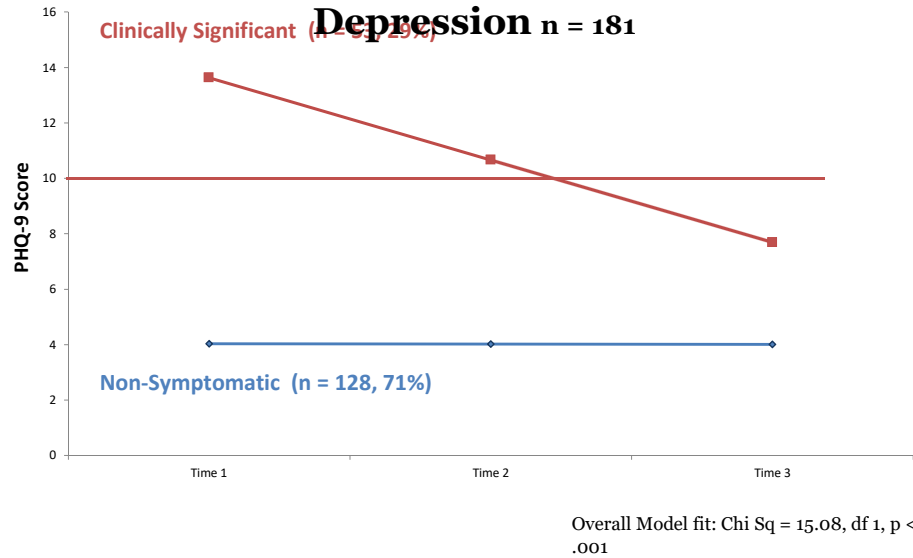


### Data collection at 4 MYCHILD sites

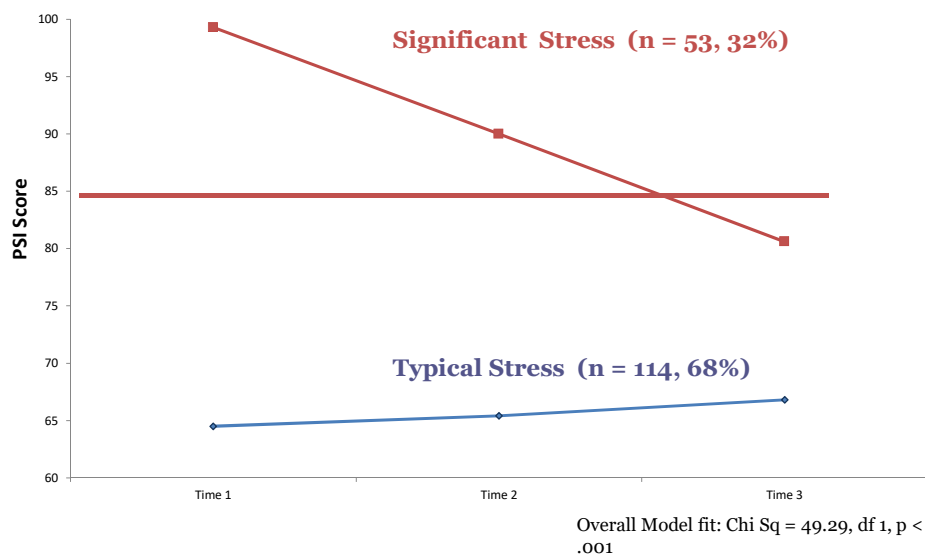
- Collected case data every 6 months; evaluation data at baseline and 12 months
- CBCL (Child Behavior Checklist for ages 1½ to 5)
- PSI-SF (parental stress)
- Cultural Competence and Service Provision Questionnaire
- Parent focus groups
- Provider interviews

### Data collection similar in expansion sites

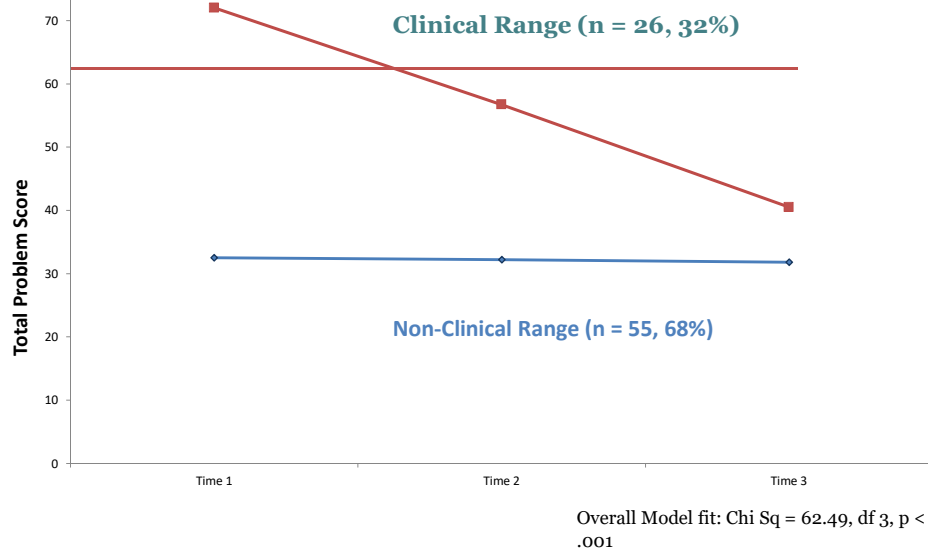
## Changes Over Time for LAUNCH Parents with/without Clinically Significant Symptoms of Depression n = 181



## Changes Over Time for LAUNCH Parents with/without Significant Stress n = 167



## Changes Over Time for LAUNCH Children in/out of Clinical Range on CBCL at Baseline n = 81



## LAUNCH Child Growth in Social-Emotional Health n = 183

(Lower Score is Better)



## Baseline Mental Health Diagnoses

Behavioral Health Diagnoses	Treatment n=133		Comparison n=266		P Value
	n	Percent	n	Percent	
Adjustment Disorders	90	67.7	26	9.77	<0.001
Anxiety disorders	7	5.26	24	9.02	0.186
Attention-deficit, conduct, disruptive behavior	3	2.26	54	20.30	<0.001
Disorders usually diagnosed infancy thru adolescence	1	0.75	26	9.77	<0.001
Mood disorders	1	0.75	12	4.51	0.046

## How do we know our model works for families?

Parent at pilot site:

“The ECMH team has taught me how to think for myself, how to help myself, how to be a better mom and understand my children. I always thought, ‘my kid is just shy’ but now I understand her mental health. I have better conversations with my kids and more patience with them. I have the relationship with my kids now that I always wanted to have with my parents and never had when I was growing up.”



## How do we know our model works for pediatricians?

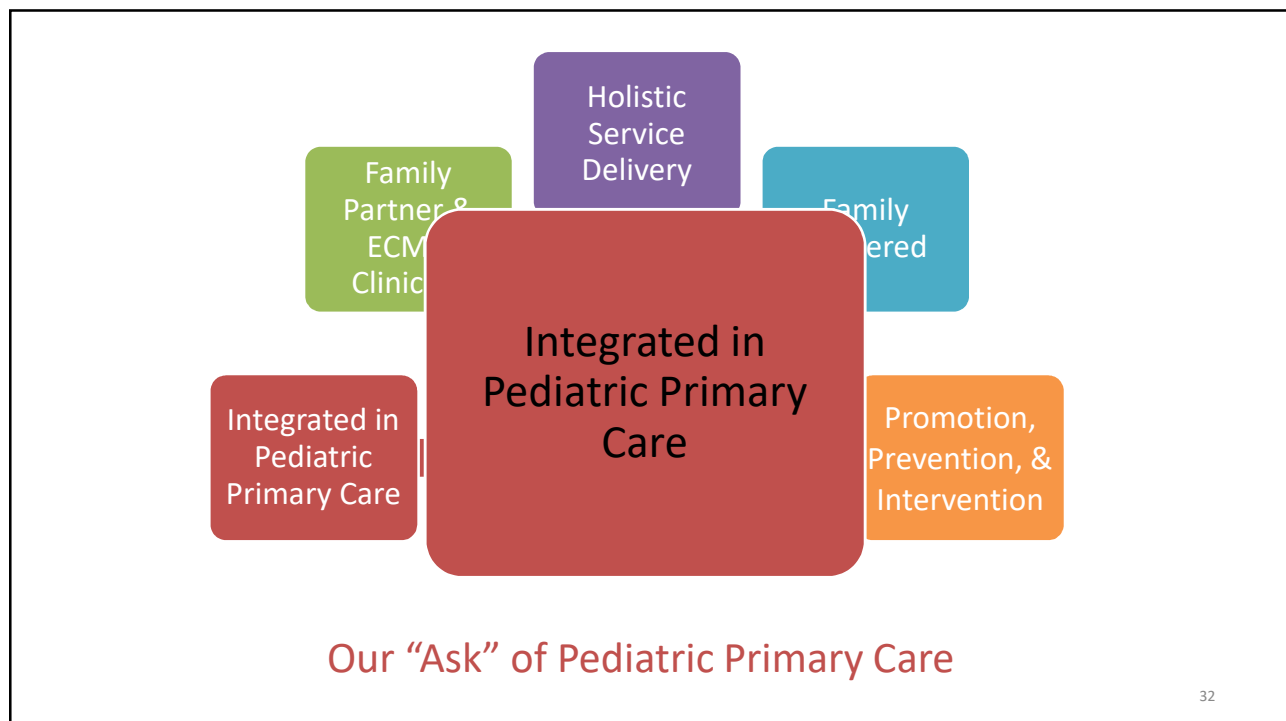
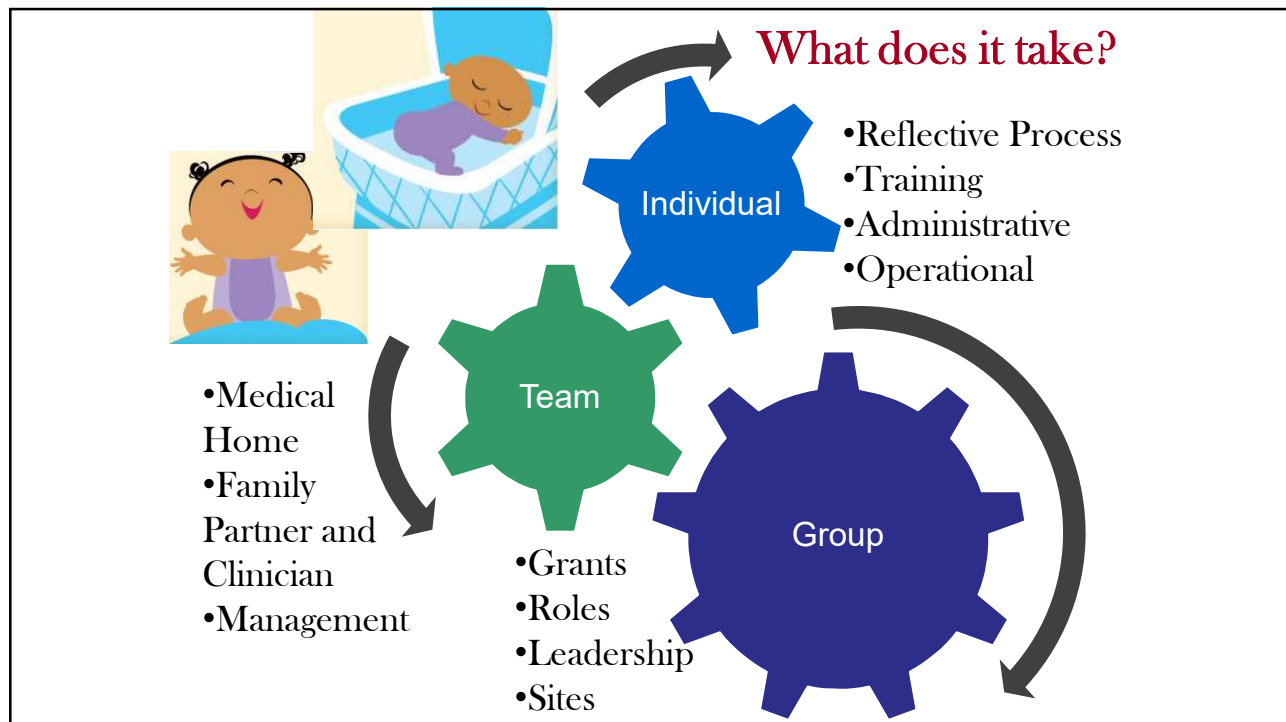
### Pediatrician at pilot site:

“Having access to the ECMH team's insight and knowledge, makes my work with our shared patients more informed and meaningful.

Furthermore, ECMH staff are extremely helpful in facilitating interactions and communication with families, especially when there are difficulties with accepting mental health services.”



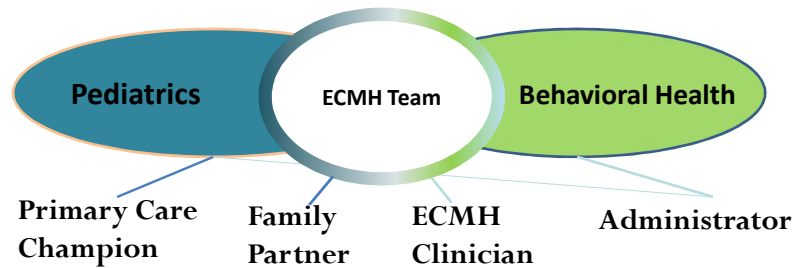
Current Model





## The ECMH Team Model

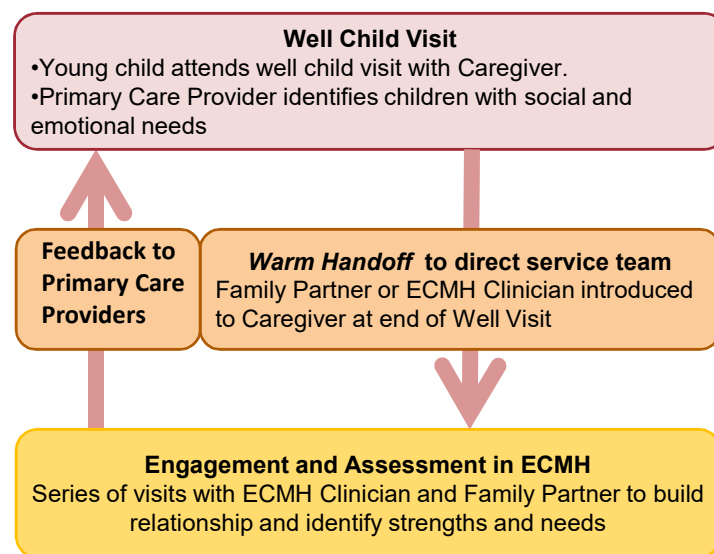
Early Childhood Mental Health within Pediatric Primary Care



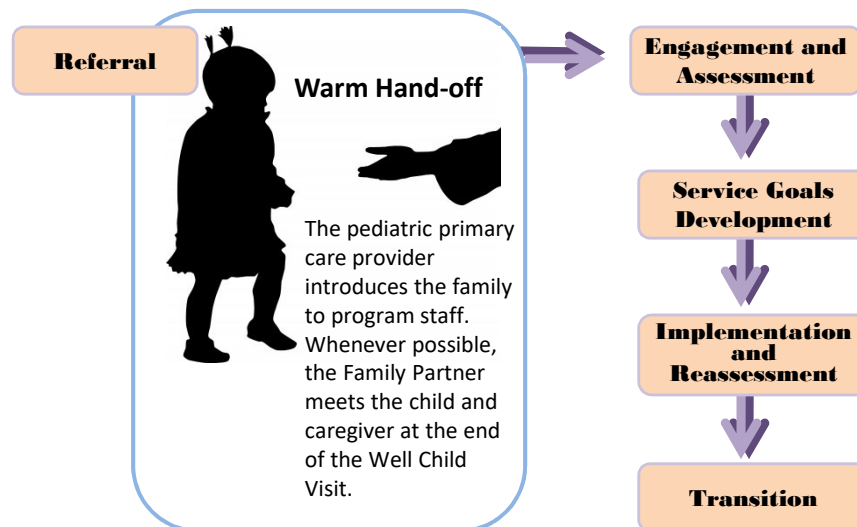
### Behavioral Health Integrated into Pediatric Medical Home

- **ECMH Clinician** and **Family Partner** **embedded** in primary care
- **Primary Care Champion** as liaison
- **Administrator** (from Pediatrics or Behavioral Health) to promote supportive policy context, identify financing issues
- **Team** participation in **Medical Home Learning Collaborative**

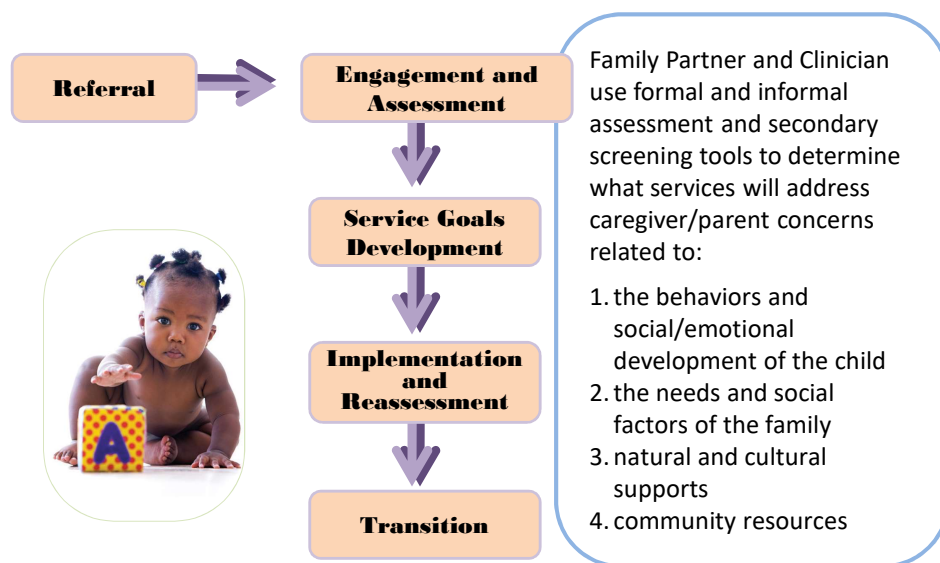
## Integration at Service Level



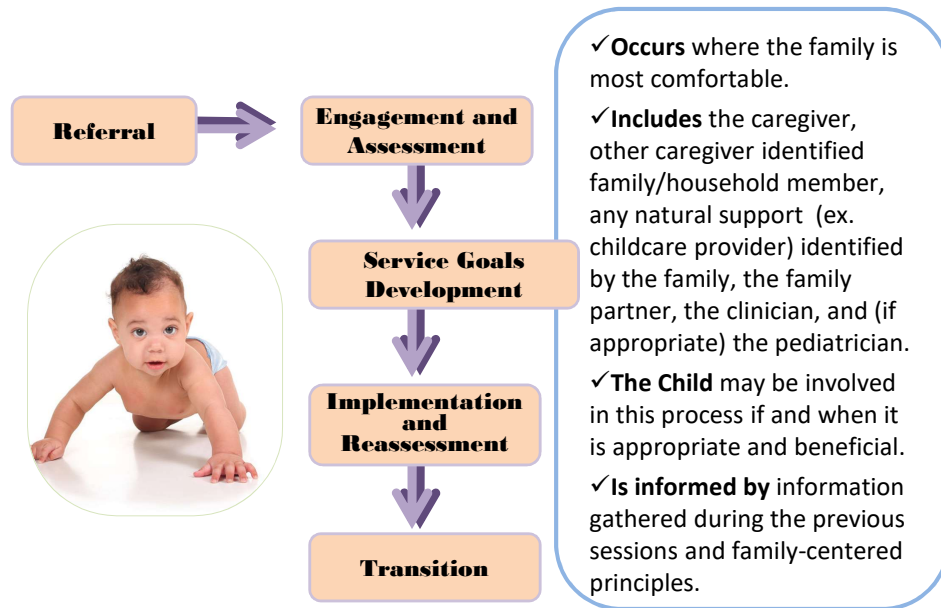
## Phases of Service Delivery



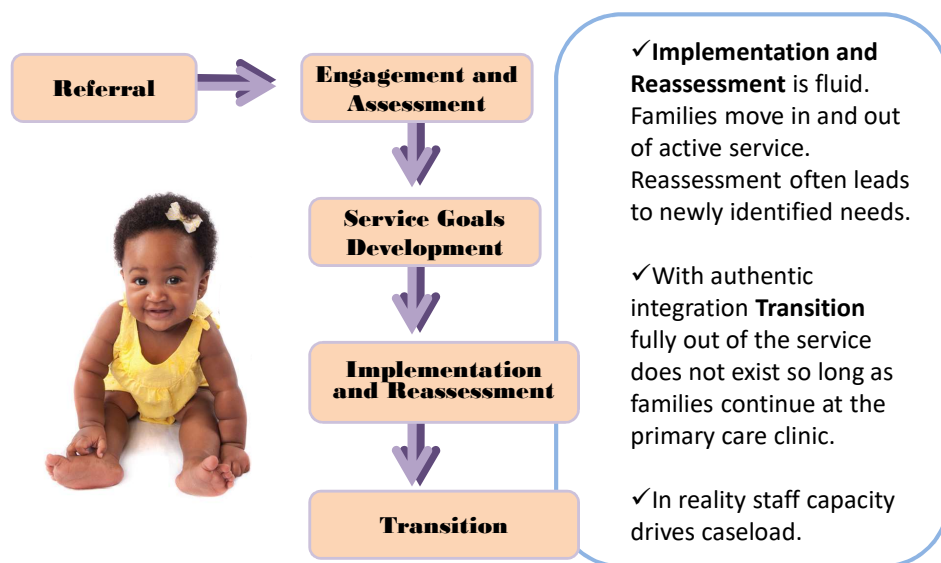
## Phases of Service Delivery

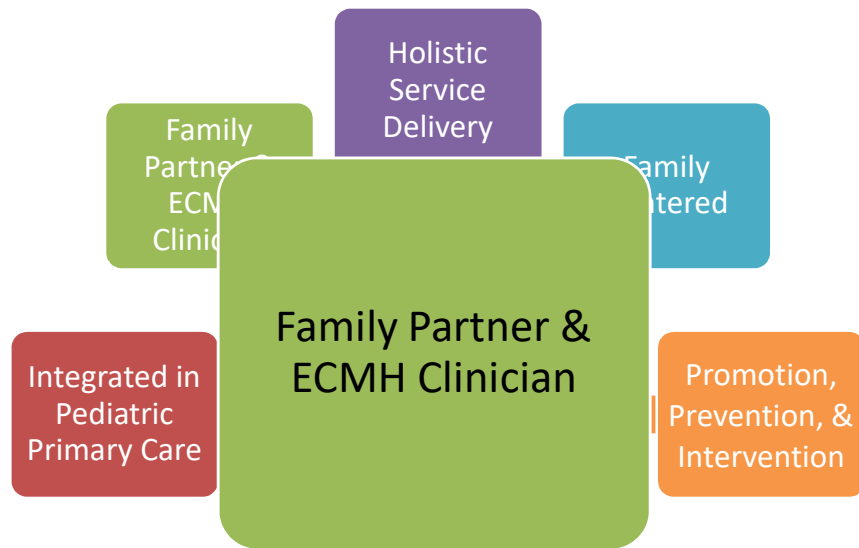


## Phases of Service Delivery



## Phases of Service Delivery





### Our "Ask" of Pediatric Primary Care

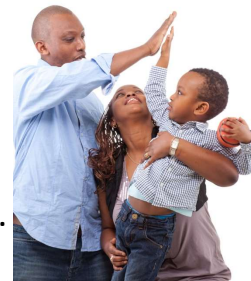
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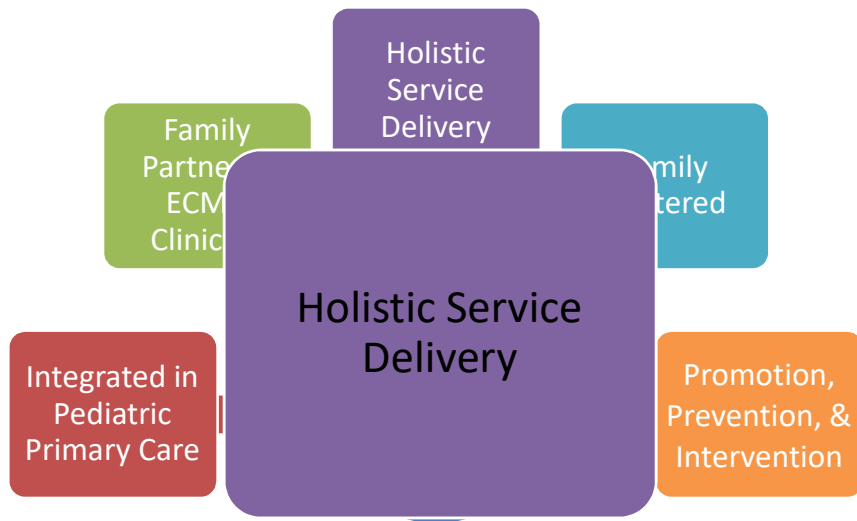
#### Each site offers:

- A licensed mental health clinician with specialized training and work experience in early childhood mental health care
- A family partner with personal experience raising a child experiencing social-emotional challenges

#### Each ECMH team offers:

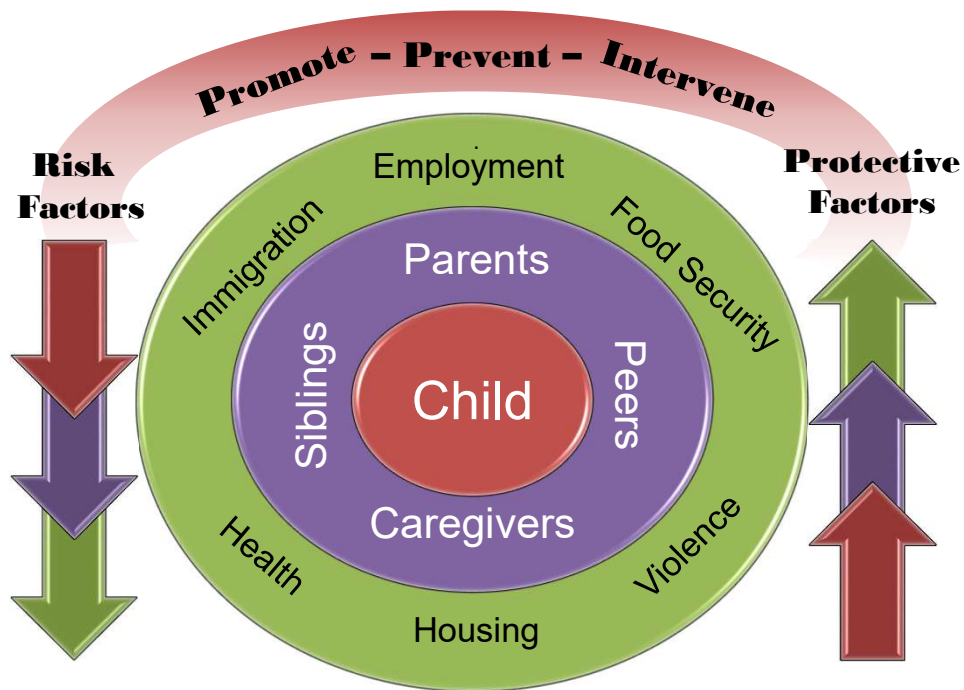
- Ability to build relationships and facilitate trust between families and providers.
- Commitment to keep the authentic family voice in every communication.
- Capacity to stay focused on the unique needs of young children and their families.





Our “Ask” of Pediatric Primary Care

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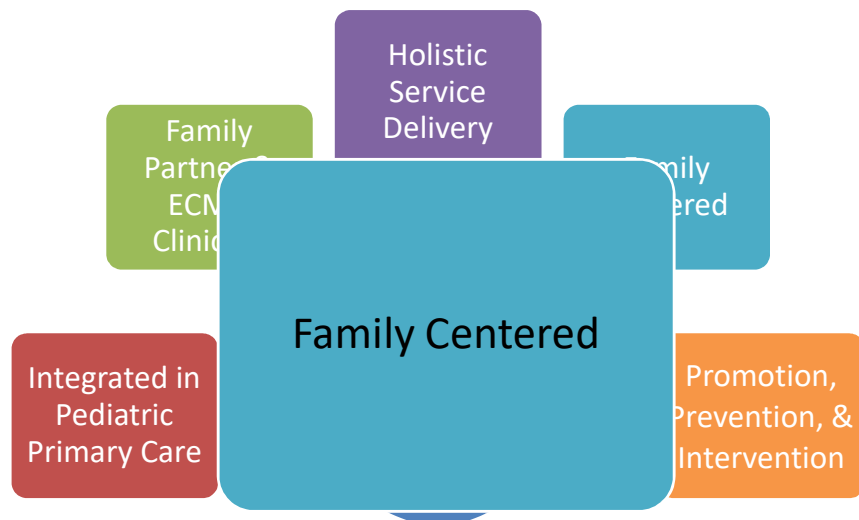


### Goals of Direct Service

1. Screen young children for healthy social and emotional development.
2. Help parents, doctors, and other early childhood serving professionals encountering and attempting to mitigate challenging child behaviors.



3. Support families coping with stressful lives.
4. Screen and refer caregivers for depression.
5. Build strong relationships between families and doctors in a medical home.



Our “Ask” of Pediatric Primary Care

## Family Centered PREVENTION Goals

Goals incorporated into family centered goals and services.

### Reducing family exposure to sources of toxic stress

Primarily met by connecting families to existing resources in the medical home and community.

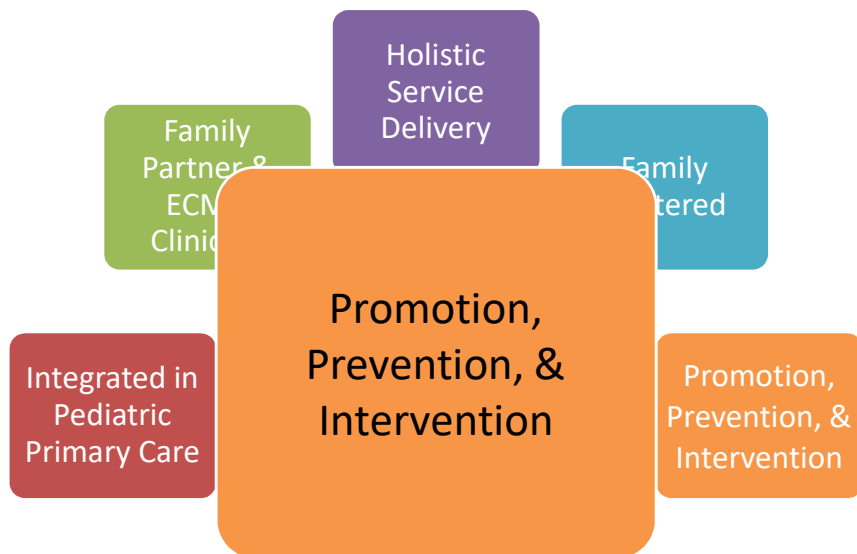
This implies an initial emphasis on care coordination, coaching and support, with the ultimate aim of empowering the family to meet resource needs independently.

### Promoting healthy social and emotional development

1. Brief treatment needs;
2. Family strengthening needs: parenting education and skills practice, and/or household stabilization;
3. On-going mental health needs requiring a facilitated referral to outside provider;

### Mental health consultation

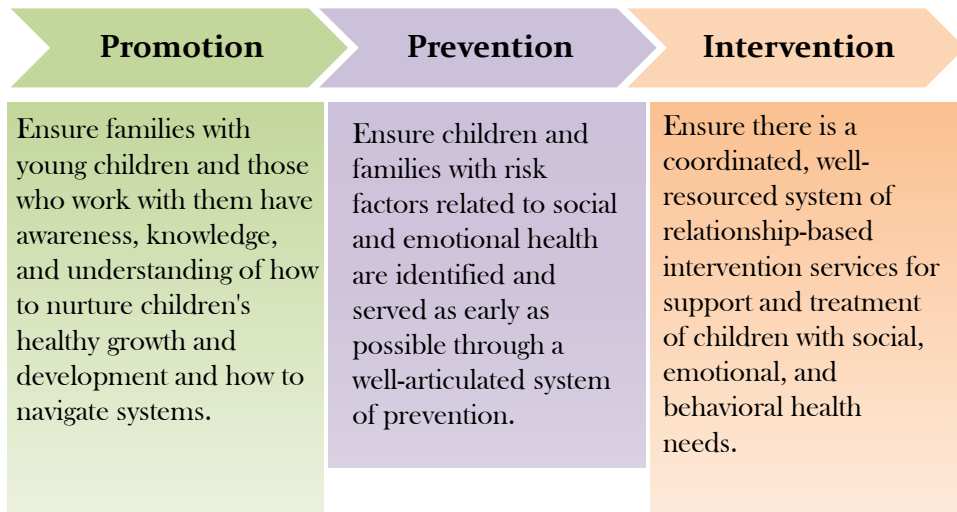
To meet a goal of any kind, staff are encouraged to provide technical assistance to and/or collaboration with a teacher or other child care provider.



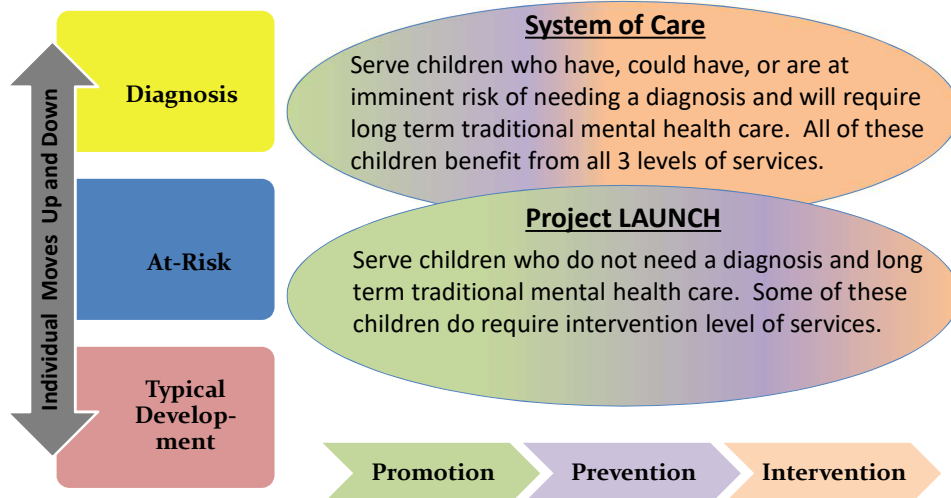
Our "Ask" of Pediatric Primary Care

## Developing an Integrated System of Care

How do we serve children and families?

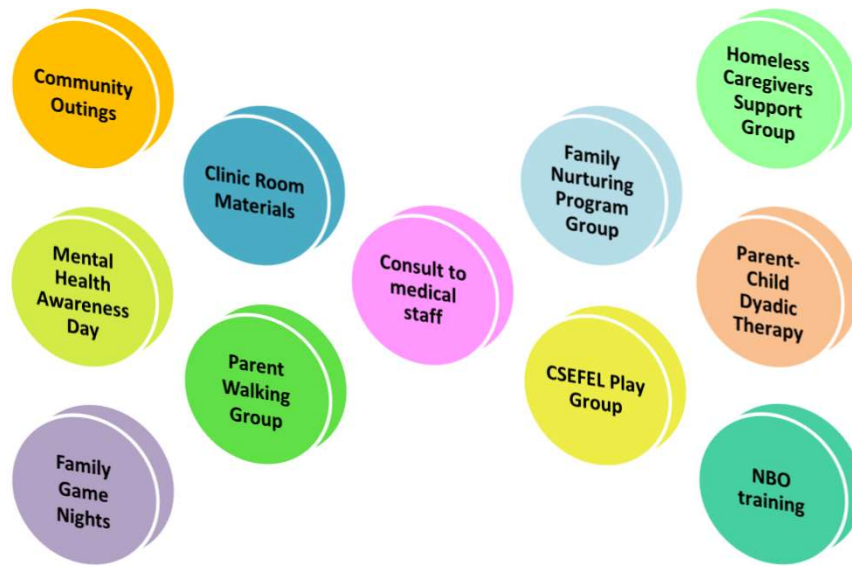


## Who vs. How





## Examples across the spectrum



*ECMHMatters.org*

6 - 8 YEAR OLDS



Is your child becoming more and more independent when it comes to daily activities?

0 - 6 MONTHS



Do you recognize how your baby "talks to you?"



*ECMHMatters.org*

**Checking in on her emotions is just as important as checking her heartbeat.**

At your next visit, talk to your pediatrician about your child's emotional development, too. Together, you can raise a healthy, happy child and create a foundation for a lifetime of success.

For more information visit [ECMHMATTERS.ORG](http://ECMHMATTERS.ORG) or email [ecmhmmatters@nyc.org](mailto:ecmhmmatters@nyc.org)



### **What is Project LAUNCH?**

We are a **Team** with pioneering new ways to promote young children's wellness.

**Who do we work with?:** children from birth through age 8 and their families.

**Our GOAL:** for all children to reach physical, social, emotional, behavioral, and cognitive milestones. Healthy growth in each of these areas prepares children to thrive in school and beyond.

**We want to PROMOTE a healthy and happy childhood !**

#### **Project LAUNCH Offers:**

- Support for families coping with stress
- Screening for social-emotional development
- Relationship-Building between families, school and medical providers

*If you want more information or you want to participate in our program please contact us or ask your Pediatrician.*

**Yokaira Landron**  
Project LAUNCH  
Family Partner  
617-919-4033

**Emily Fischer**  
Project LAUNCH  
Early Childhood Specialist  
617-919-4035

### **Qué es el Proyecto LAUNCH?**

Somos un **Equipo** con nuevas ideas que promueven el bienestar de los niños.

**Con quién trabajamos?:** Con niños desde su nacimiento hasta 8 años y sus familias.

**Nuestro Objetivo:** que todos los niños alcancen su potencial en el área física, social, emocional, conductual y cognitiva. Un crecimiento saludable en cada una de estas áreas prepara a los niños a prosperar en la escuela y mas allá.

**Queremos PROMOVER una niñez sana y feliz !**

#### **El Proyecto LAUNCH ofrece:**

- Soporte a las familias en situaciones de estrés
- Evaluaciones sociales, emocionales y de desarrollo
- Soporte en la relación entre la familia, escuela y los proveedores de salud

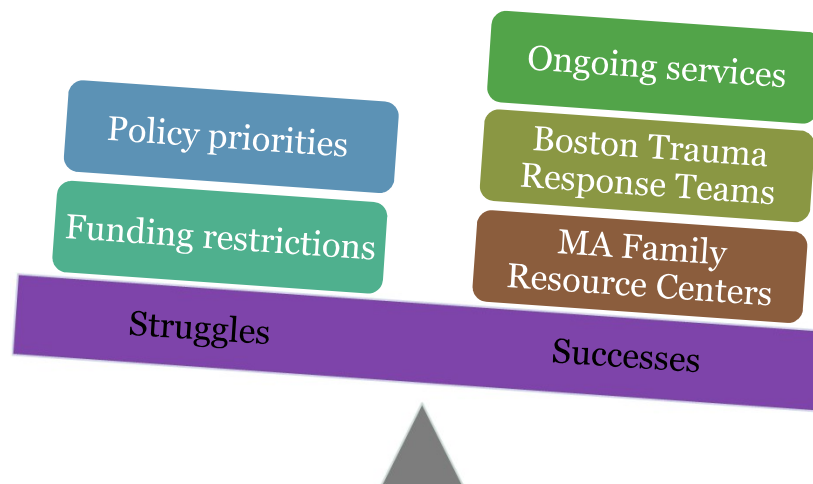
*Si quieres mas información o quieres participar en nuestro programa por favor contáctanos o pregúntale a tu pediatra.*

**Yokaira Landron**  
Proyecto LAUNCH  
Family Partner  
617-919-4033

**Emily Fischer**  
Proyecto LAUNCH  
Especialista de Desarrollo Infantil  
617-919-4035

## Parting Thoughts

### Sustainability



- ECMH belongs in primary care and there is a need for clinical staff with this defined area of expertise
- Focused time building relationships with primary care providers and staff is essential
- The timely availability and integration of services is crucial
- Families benefit enormously from the opportunity to work with a Family Partner who has lived experience—makes a difference in accessing services
- The ECMH team thrives when embedded in supportive structures that provide reflection and professional development
- The promotion side of things – fun, family-engaging programs as well as building provider awareness and knowledge – is critical to our mission and ongoing relationships with our patients

## Lessons Learned



***“The program has made a difference in how I communicate. Having someone to talk to, my stress level goes down...  
My daughters will grow up better because of that sense of community.”***

**Project LAUNCH Parent**

Thank you! And thanks to our funder and partners:



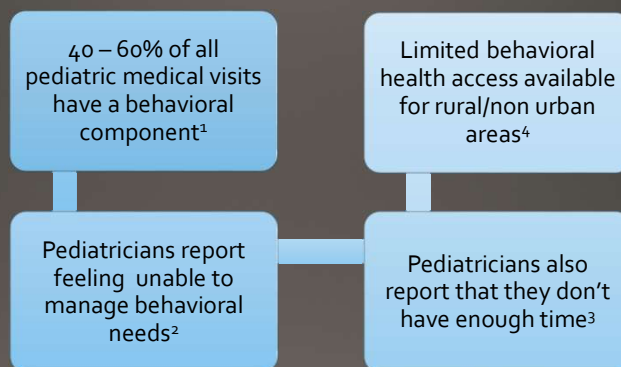
**Northeastern University**  
Institute on Urban Health Research  
and Practice

# Pediatric Integrated Care

## In Focus: ADHD Evaluation and Treatment

Julie M. Austen, PhD  
Behavioral Health Consultant and Clinical Trainer

### Why Integrate in Pediatrics?

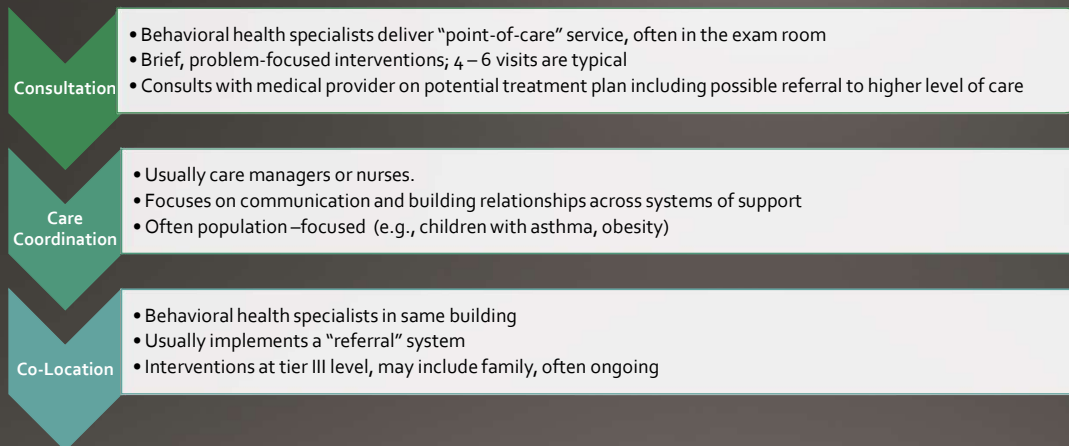


1. (Kessler et al., 2005) ; 2& 3 (Burka, Van Cleve, Shafer, & Barkin, 2014; Cooper, Valleley, Pohala, Begeny, & Evans, 2006); 4. Miller, Petterson, Burke, Phillips, & Green, 2014)

## Outcomes of Integration

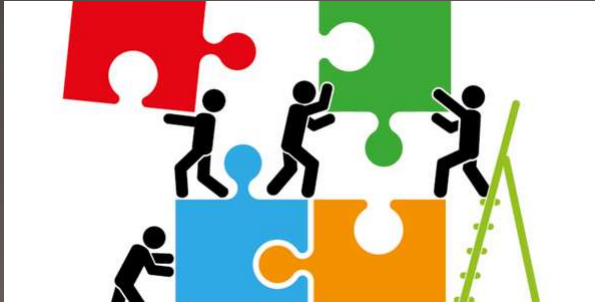
- Improvement in **provider satisfaction** in quality and access to services<sup>1</sup>
- High **patient and family satisfaction**<sup>2</sup>
- Improvement in **early recognition and treatment** of issues, such as mental health<sup>3</sup>
- **Promising outcomes** for improvement of parenting skills, obesity, sleep, and other issues

1. (Hine, et al 2017) 2. Okafor et al, 2015); 3. (Nami, 2017);



## Models of Integrated Care SAMSHA-HRSA

## In Focus: *Team-Based ADHD Evaluation and Treatment*



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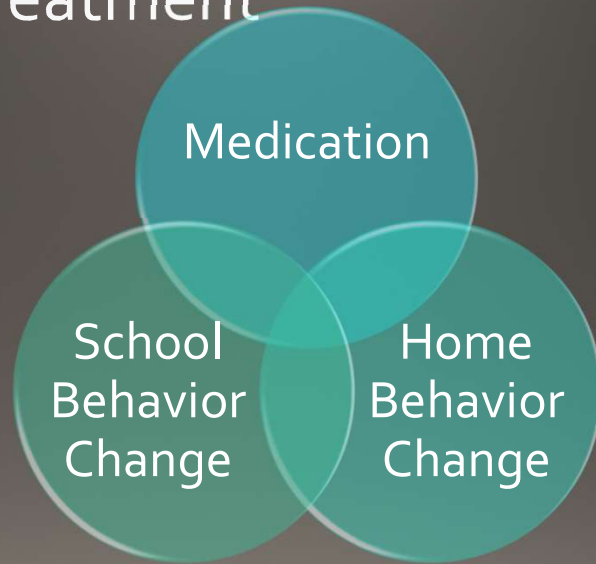
## Why ADHD?

- A good place to start since providers are already familiar with it and are treating it.
- Lots of room for small changes to processes
- Can promote increased patient visits if a system implements a registry-based approach for follow-ups
- Stimulants are controlled substances, so clinics often have a desire to maintain good protocols
- Great way to demonstrate a team-based model since team-based care is the recommended approach!

## Recommended Treatment

From the CDC Guidelines:

"Approved **medications** for ADHD and/or **evidence-based parent and/or teacher-administered behavior therapy** as treatment for ADHD, although preferably both medication and behavior therapy **should be used together.**" (CDC, 2016)



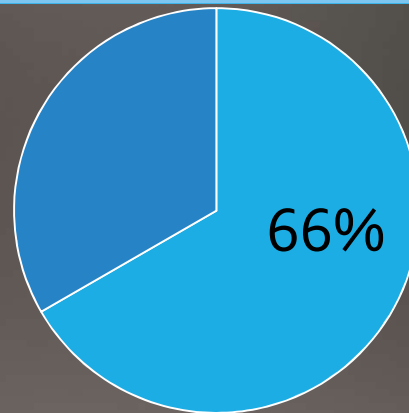
## Roles of BHC in PCBH Setting

- Using screeners and other tools to inform rule outs, differential diagnoses, and clarification of co-occurring symptoms
- Consulting on medication efficacy
- Providing brief, behavior-based treatment for children and families
- Coordination of information between school, clinic, and home



## Evaluation: Co-Occurring Conditions

- Neurodevelopmental disorders
  - Tic Disorders 1 in 10
  - Learning Disabilities 1 in 2
  - Tourettes Disorder 1 in 10
- Behavior Disorders
  - Conduct Disorder 1 in 4
  - Oppositional Defiance Disorder 1 in 2
- Mood Disorders
  - Depression 1 in 5
  - Bipolar Disorder 1 in 10
- Other Concerns
  - Sleep issues 1 in 2
  - Anxiety 1 in 5
  - Substance Abuse 1 in 10



<http://www.chadd.org/understanding-adhd/about-adhd/coexisting-conditions.aspx>

## Evaluation: Differential Diagnosis

- Medical
  - Hyperthyroidism and Thyrotoxicosis
- Behavioral
  - Anxiety Disorders
  - Bipolar Affective Disorder
  - Depression
  - Dysthymic Disorder
  - Posttraumatic Stress Disorder
  - Sleep Disorders
- Developmental
  - Learning disability
  - ASD
  - Intellectual disability
  - Other genetic concerns (e.g. Fragile X)

## Treatment: Children 6 – 12 Years

Consultation	Care-Coordination	Co-Location
<ul style="list-style-type: none"> <li>-Enuresis/encopresis</li> <li>-Sleep interventions</li> </ul>	<ul style="list-style-type: none"> <li>Referrals for Sleep Studies</li> <li>Child Development Programs</li> <li>Referral for intensive in-home</li> </ul>	
<ul style="list-style-type: none"> <li>-Emotional regulation skills</li> <li>-Social Skills</li> <li>-Sleep issues</li> <li>-Brief parent-child interaction training</li> <li>-Token economies</li> <li>-Differential reinforcement</li> <li>-Self-soothing skills</li> <li>-Task analysis and homework skills</li> </ul>	<ul style="list-style-type: none"> <li>Parenting groups</li> <li>-Referrals to mental health or intensive in home parenting help</li> <li>-Collaboration with schools and other community stakeholders</li> <li>-</li> </ul>	<ul style="list-style-type: none"> <li>-Substance Use Treatment</li> <li>-Family therapy</li> <li>-Individual therapy</li> <li>-Parent- child interaction therapy</li> </ul>

## Treatment: Adolescents 12 - 18

	Consultation	Care-Coordination	Co-Location
Health/Development Needs	<ul style="list-style-type: none"> <li>-Consent and medical decision-making</li> <li>-Healthy behaviors</li> <li>-Autism Screening</li> </ul>	<ul style="list-style-type: none"> <li>-Referrals to obesity programs, nutritionist, sleep studies, family planning</li> </ul>	
Mental Health	<ul style="list-style-type: none"> <li>-ADHD (still!)</li> <li>-Emotional regulation skills</li> <li>-Social Skills</li> <li>-Sleep issues</li> <li>-Homework, planning skills</li> <li>-Behavioral approaches for parents</li> <li>-Substance use</li> <li>-Depression &amp; Anxiety</li> </ul>	<ul style="list-style-type: none"> <li>-Parenting groups</li> <li>-Referrals to mental health or intensive in home parenting help</li> <li>-Collaboration with schools and other community stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>-Substance Use Treatment</li> <li>-Family therapy</li> <li>-Individual therapy</li> <li>-Parent- child interaction therapy</li> </ul>

## ADHD Evaluation & Treatment

### 1. Pre-visit Planning

- a. ROI for school
- b. Gives family Vanderbilts for teachers and parents
- c. If child is >13, gives Pediatric Symptom Checklist self-report
- d. Same day visit to introduce BHC or flags BH for consult at next visit

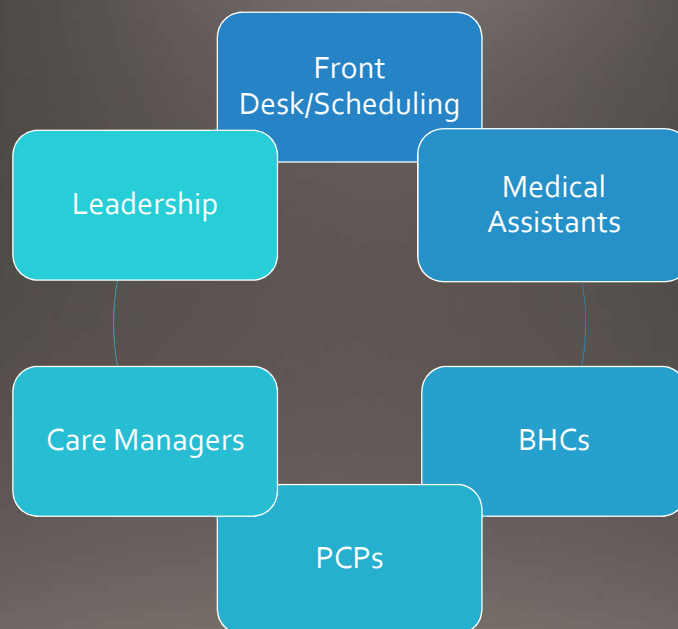
### 2. Initial Visit

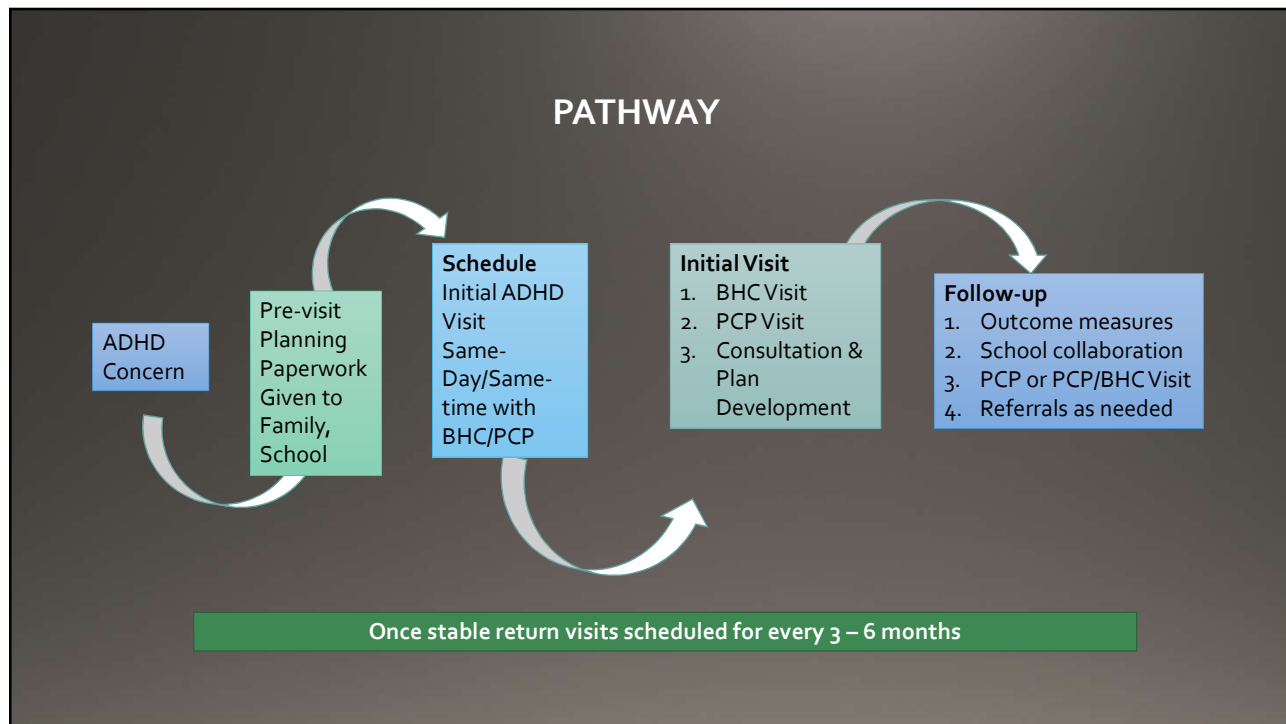
- a. Review information provided by school through ROI and by parent
- b. Screen for differential diagnoses using screeners and clinical interview
- c. Provide anticipatory guidance to families
- d. Provide brief intervention to families/parent training for children of all ages
- i. Consult with medical provider regarding provisional diagnoses

### 3. Follow-ups

- a. Follow-up Vanderbilts at 3 month intervals.
- b. Potential ADHD -5 assessment
- c. Continued brief intervention
- d. Follow-ups with school as needed
- e. Wrap around services to outpatient mental health as needed

## Team Members





## Generalizing to Other Areas

This flow could work for many areas with modifications to screeners or interventions:

- Depression
- Anxiety
- Grief/Trauma (ACES)
- Obesity

## Getting Started

- Look at current practice and see if there is room for improvement
- Use your own data to gain buy-in
  - How many children are currently being treated for a specific condition and does this match the expected base rate.
    - If not, why?
    - If so, what is the current practice in your clinic? Is that similar to Best Practice?
- Depending on organizational buy-in, aim for small goals improving one piece of process – screening, BHC/CM involvement.
- Collect data throughout!

## Lessons Learned

- Don't underestimate the value of buy-in at all levels!
- That means parents, too! (MI helps)
- You need to determine what level of care you can realistically offer based on the skills and logistics of each clinic.
- Collect and share data often
- All new programs require training at all levels. Even PCPs may need help understanding how integration can benefit them. This is an ongoing process
- Get the flow right using PDSA cycles. The more this is systematized the more likely it will be sustainable